

## REQUISITION CERTIFICATE

TO: Michigan State Hospital Finance Authority (the "Authority")  
\_\_\_\_\_ (the "Bond Trustee")

FROM: \_\_\_\_\_

SUBJECT: \$ \_\_\_\_\_ Michigan State Hospital Finance Authority  
\_\_\_\_\_ (bond name)

This represents Requisition Certificate No. \_\_\_\_\_ in the total amount of  
\$ \_\_\_\_\_ to pay those Costs Of The Project detailed in the schedule attached.

The undersigned certifies that:

1. This requisition is being submitted on behalf of \_\_\_\_\_  
\_\_\_\_\_ (the "Borrower").
2. The expenditures for which moneys are requisitioned represent proper charges against the Project Fund of the subject bond issue, have not been included in a previous requisition and have been properly recorded on the books of the Borrower and do not violate the requirements of any certificate of need (or a determination letter issued by the Michigan Department of Community Health that a certificate of need is not necessary) related thereto.
3. The moneys requisitioned are not greater than those necessary (i) to reimburse the Borrower for its funds actually advanced for Costs Of The Project and (ii) to meet obligations due and payable for Costs Of The Project which obligations will be paid no later than the date funds are received by the Borrower pursuant to this request.
4. After payment of moneys hereby requisitioned, there will remain in the Project Fund, or otherwise be available to the Borrower, sufficient funds to complete the Project substantially in accordance with the requirements of the Loan Agreement.
5. The facilities (including the Project) of the Borrower have not been materially injured or damaged by other casualty in a manner which if not repaired or replaced would materially impair the ability of the Borrower to meet its obligations under the Loan Agreement or the Master Indenture.
6. The Borrower is not in default under the Loan Agreement, the Master Indenture, or the Supplemental Indenture, and nothing has occurred to the knowledge of the Borrower that would prevent the performance of the obligations under the Loan Agreement, the Master Indenture or the Supplemental Indenture.

7. Other than as previously disclosed in writing to the Authority and the Bond Trustee, there is no action, suit or proceeding pending or threatened against the Borrower affecting the Project, the completion of the acquisition of the Project, or involving the validity or enforceability of the Loan Agreement, the Master Indenture or the Supplemental Indenture.
8. Attached to this request is a schedule of the Costs Of The Project for which funds are requested.
9. All terms contained herein shall have the meanings ascribed to them in the Loan Agreement, dated as of \_\_\_\_\_, between the Authority and the Borrower.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Borrower

By: \_\_\_\_\_

Its: \_\_\_\_\_

Approved for disbursement:

MICHIGAN STATE HOSPITAL  
FINANCE AUTHORITY

Turstee

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Its: \_\_\_\_\_

(Note: After approval by the Authority, this Requisition Certificate shall be forwarded to the Bond Trustee for disbursement of funds.)

SCHEDULE TO REQUISITION CERTIFICATE NO. \_\_\_\_

**Project Costs**

Description

Amount

Total from Project Fund

\$